

Patient Care Report

Section 1: Pre-care information

Incident date:

Incident number:

Incident address:

Incident city:

Incident state:

Area/zip code:

Incidence location type:

Section 2: Emergency services

Emergency medical dispatch performed:

- ☐ No
- ☐ Yes, pre-arrival by bystanders
- ☐ Yes, on-arrival by emergency services

If yes, elaborate on medical dispatch details performed:

Chief complaint (reported by dispatch):

Dispatch or vehicle number:

Emergency service officer name:

Signature:

Date:

Section 3: Patient information

Name (last name, first name, MI):

Date of birth:

Age:

Gender:

SSN:

Race:

Ethnicity:

Patient address:

- ☐ Same as incident (skip Section 3a)
- ☐ Other (complete Section 3a)

Section 3a: Patient address	
Street address:	City:
State:	Area/zip code:
Section 4: Patient health status	
Previous medical history:	Previous medications:
Current medications:	Allergies (if known):
Patient chief complaint:	Additional notes/information:
Section 5: Vital signs	
Level of consciousness (LOC)	Speech
Alert:	Coherent:
Voice:	Incoherent:
Pain:	Slurred:
Unresponsive:	Silent:

Skin	Color
Normal:	Normal:
Damp:	Cyanotic:
Hot:	Flushed:
Cold:	Pale:
Respiration	Pulse (bpm)
Normal	Normal
Rales	Rapid
Distressed	Slow
Absent	Absent
Blood pressure	Additional notes/checks:
Normal	
High	
Low	
Section 6: Physical examination	
Injury present: <ul style="list-style-type: none">Yes (go to section 6a.)No (skip to section 6b.)	
Section 6a: Injury	
Cause of injury:	Injury Type:
	<input type="checkbox"/> Burn
	<input type="checkbox"/> Blunt
	<input type="checkbox"/> Penetration
	<input type="checkbox"/> Other:
	<input type="checkbox"/> Unknown

Additional notes:	
Section 6b: Substance use	
Indicators:	Additional notes (i.e., substance details):
<input type="checkbox"/> None	
<input type="checkbox"/> Smell of alcohol on breath	
<input type="checkbox"/> Slurring or intoxicated behaviors	
<input type="checkbox"/> Alcohol or drugs found on scene or on patient	
<input type="checkbox"/> Patient admits to alcohol use	
<input type="checkbox"/> Patient admits to drug use	
Section 7: Preliminary diagnosis	
Preliminary diagnosis:	
Additional notes and procedures:	
Practitioner name:	Date:
Practitioner signature:	
Section 8: Patient diagnosis	
Diagnostic procedures:	Resources and tools used:

Results:	Diagnosis:
Medical condition(s):	
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Head trauma
<input type="checkbox"/> A.M.S	<input type="checkbox"/> Hyperthermia
<input type="checkbox"/> Amputation	<input type="checkbox"/> Hypothermia
<input type="checkbox"/> Altered L.O.C	<input type="checkbox"/> MVC
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Falls
<input type="checkbox"/> Burns	<input type="checkbox"/> Full arrest
<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> Poisoning/overdose
<input type="checkbox"/> Cardiac chest pain	<input type="checkbox"/> Respiratory complaints
<input type="checkbox"/> Childbirth	<input type="checkbox"/> Seizures
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Shock
<input type="checkbox"/> Coma	<input type="checkbox"/> Stroke
<input type="checkbox"/> CVA	<input type="checkbox"/> Other(s):
Additional notes:	
Practitioner name:	Date:
Practitioner signature:	
Section 9: Patient consultation	
<ul style="list-style-type: none">• Patient grants treatment (go to section 9a)• Patient refuses treatment (go to section 9b)	

Section 9a:

This is to verify the patient accepts treatment and is aware of the risks of doing so.

Patient name:

Date:

Patient signature:

Witness name:

Date:

Witness signature:

Section 9b:

This is to verify the patient refuses treatment and is aware of the risks of doing so.

Patient name:

Date:

Patient signature:

Witness name:

Date:

Witness signature:

Section 10: Treatment and interventions

Treatment type(s):

Treatment detail(s):

Medication(s):

Treatment administrator:

Signature:

Date:

Patient response(s) to treatment:

Additional notes:	
Practitioner name:	Date:
Practitioner signature:	
Section 11: Summary	
Patient care summary:	
Medications:	
Recommendations:	
Follow-up:	
Additional notes:	
Practitioner name:	Date:
Practitioner signature:	